

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
VICTORIA DIVISION

IN RE:	§	Case No. 22-60020
	§	
INFOW, LLC, <i>et al.</i> ,	§	Chapter 11 (Subchapter V)
	§	
Debtors ¹	§	Jointly Administered

EXHIBIT C-1

¹ The Debtors in these chapter 11 cases along with the last four digits of each Debtor's federal tax identification number are as follows: InfoW, LLC f/k/a Infowars, LLC (6916). IWHealth, LLC f/k/a Infowars Health, LLC (no EIN), Prison Planet TV, LLC (0005). The address for service to the Debtors is PO Box 1819, Houston, TX 77251-1819.

05-102
(Rev.9-15/33)**Texas Franchise Tax Public Information Report**To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions

■ Tcode 13196 Franchise

■ Taxpayer number

3 2 0 3 4 1 5 9 3 9 5

■ Report year

2 0 2 0

You have certain rights under Chapter 552 and 559,
Government Code, to review, request and correct information
we have on file about you. Contact us at 1-800-252-1381.

Taxpayer name

INFOWARS, LLC

■ ☐ Blacken circle if the mailing address has changed.

Mailing address

PO Box 19549

Secretary of State (SOS) file number or
Comptroller file number

City

AUSTIN

State

TX

ZIP code plus 4

78760

0800898466

☐ Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

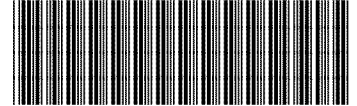
Principal office

PO Box 19549, AUSTIN, TX, 78760

Principal place of business

PO Box 19549, AUSTIN, TX, 78760

You must report officer, director, member, general partner and manager information as of the date you complete this report.



1000000000015

Please sign below!**This report must be signed to satisfy franchise tax requirements.****SECTION A** Name, title and mailing address of each officer, director, member, general partner or manager.

Name ALEX JONES	Title MANAGER	Director <input type="radio"/> YES	Term expiration	m m d d y y
Mailing address PO Box 19549	City AUSTIN	State TX	ZIP Code 78760	
Name	Title	Director <input type="radio"/> YES	Term expiration	m m d d y y
Mailing address	City	State	ZIP Code	
Name	Title	Director <input type="radio"/> YES	Term expiration	m m d d y y
Mailing address	City	State	ZIP Code	

SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
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Registered agent and registered office currently on file (see instructions if you need to make changes)

Agent: **Eric J. Taube**You must make a filing with the Secretary of State to change registered
agent, registered office or general partner information.Office: **100 Congress Ave 18th Flr**

City

Austin

State

TX

ZIP Code

78701The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional
sheets for Sections A, B and C, if necessary. The information will be available for public inspection.I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has
been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation,
LLC, LP, PA or financial institution.sign
here**ALEX JONES**

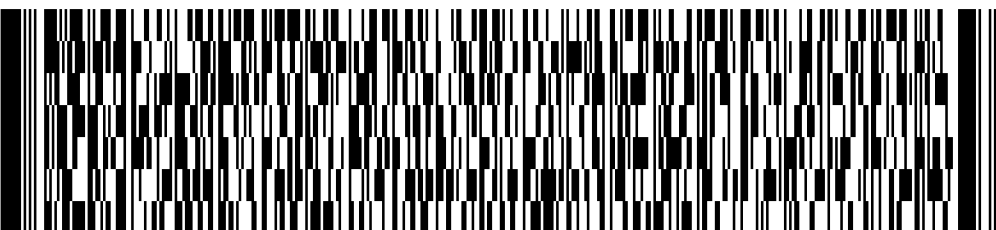
Title

MANAGER

Date

11/11/2020

Area code and phone number

(512) 646 - 4408**Texas Comptroller Official Use Only**

VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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IN THE UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
VICTORIA DIVISION

IN RE:	§	Case No. 22-60020
	§	
INFOW, LLC, <i>et al.</i> ,	§	Chapter 11 (Subchapter V)
	§	
Debtors ¹	§	Jointly Administered

EXHIBIT C-2

¹ The Debtors in these chapter 11 cases along with the last four digits of each Debtor's federal tax identification number are as follows: InfoW, LLC f/k/a Infowars, LLC (6916). IWHealth, LLC f/k/a Infowars Health, LLC (no EIN), Prison Planet TV, LLC (0005). The address for service to the Debtors is PO Box 1819, Houston, TX 77251-1819.

05-102
(Rev.9-15/33)**Texas Franchise Tax Public Information Report**To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions

■ Tcode 13196 Franchise

■ Taxpayer number

3 2 0 3 4 1 5 9 3 9 5

■ Report year

2 0 1 8

You have certain rights under Chapter 552 and 559,
Government Code, to review, request and correct information
we have on file about you. Contact us at 1-800-252-1381.

Taxpayer name INFOWARS, LLC		<input checked="" type="checkbox"/> Blacken circle if the mailing address has changed.	
Mailing address 3005 S LAMAR BLVD STE D109 317		Secretary of State (SOS) file number or Comptroller file number 0800898466	
City AUSTIN	State TX	ZIP code plus 4 78704	

☐ Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office 3005 S LAMAR BLVD STE D109 317, AUSTIN, TX, 78704
Principal place of business 3005 S LAMAR BLVD STE D109 317, AUSTIN, TX, 78704

You must report officer, director, member, general partner and manager information as of the date you complete this report.



1000000000015

Please sign below!**This report must be signed to satisfy franchise tax requirements.****SECTION A** Name, title and mailing address of each officer, director, member, general partner or manager.

Name ALEX JONES	Title MANAGER	Director <input type="checkbox"/> YES	Term expiration m m d d y y [][][][][][]
Mailing address 3005 S LAMAR BLVD STE D109 317	City AUSTIN	State TX	ZIP Code 78704
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y [][][][][][]
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y [][][][][][]
Mailing address	City	State	ZIP Code

SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
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Registered agent and registered office currently on file (see instructions if you need to make changes)

Agent: **ELIZABETH M. SCHURIG**

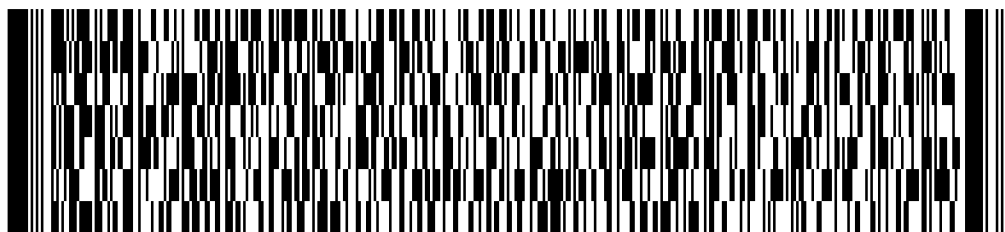
You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.

Office: 100 CONGRESS AVE 22ND FLOOR	City AUSTIN	State TX	ZIP Code 78701
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The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

sign here ALEX JONES	Title MANAGER	Date 09/25/2018	Area code and phone number (512) 646 - 4408
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Texas Comptroller Official Use Only

VE/DE	<input type="checkbox"/>	PIR IND	<input type="checkbox"/>
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TRANSMITTER ID = CCHFTWSPROD

TLN = 00042714896

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
VICTORIA DIVISION

IN RE:	§	Case No. 22-60020
	§	
INFOW, LLC, <i>et al.</i> ,	§	Chapter 11 (Subchapter V)
	§	
Debtors ¹	§	Jointly Administered

EXHIBIT C-3

¹ The Debtors in these chapter 11 cases along with the last four digits of each Debtor's federal tax identification number are as follows: InfoW, LLC f/k/a Infowars, LLC (6916). IWHealth, LLC f/k/a Infowars Health, LLC (no EIN), Prison Planet TV, LLC (0005). The address for service to the Debtors is PO Box 1819, Houston, TX 77251-1819.

Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

This report MUST be signed and filed to satisfy franchise tax requirements

Taxpayer number

Report year

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at (800) 252-1381 or (512) 463-4600.

32034159395

2012

Taxpayer name

INFOWARS, LLC

Mailing address

P.O. BOX 19549

City

AUSTIN

State

TX

ZIP Code

78760 Plus 4 9549 0800898466

Secretary of State (SOS) file number or Comptroller file number



Check box if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office

910 WEST MARY STREET, AUSTIN, TX 78704

Principal place of business

910 WEST MARY STREET, AUSTIN, TX 78704

Officer, director and member information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or members change throughout the year.



3203415939512

SECTION A Name, title and mailing address of each officer, director or member.

Name

ALEX JONES

Title

MANAGER

Director

☐ YES

Term

expiration

m m d d y y

Mailing address

P.O. BOX 19549

City

AUSTIN

State

TX

ZIP Code

78760

Name

Title

Director

☐ YES

Term

expiration

m m d d y y

Mailing address

City

State

ZIP Code

Name

Title

Director

☐ YES

Term

expiration

m m d d y y

Mailing address

City

State

ZIP Code

SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or limited liability company

State of formation

Texas SOS file number, if any

Percentage of ownership

Name of owned (subsidiary) corporation or limited liability company

State of formation

Texas SOS file number, if any

Percentage of ownership

SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

Name of owned (parent) corporation or limited liability company

State of formation

Texas SOS file number, if any

Percentage of ownership

Registered agent and registered office currently on file. (see instructions if you need to make changes)

Agent: ELIZABETH M. SCHURIG

Office: 100 CONGRESS AVE., 22ND FLOOR

City AUSTIN

State TX

ZIP Code 78701



Check box if you need forms to change the registered agent or registered office information.

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or member and who is not currently employed by this, or a related, corporation or limited liability company.

sign here

Title

Member

Date

11/13/2012

Area code and phone number

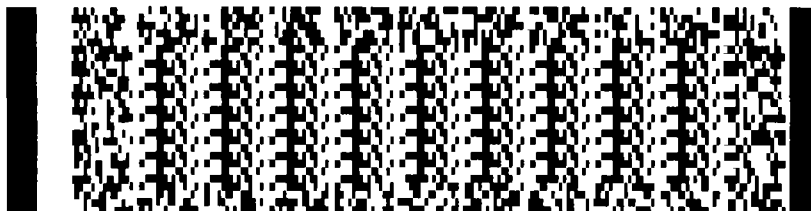
512-466-4408

Texas Comptroller Official Use Only

VE/DE



PIR IND



IN THE UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
VICTORIA DIVISION

IN RE:	§	Case No. 22-60020
	§	
INFOW, LLC, <i>et al.</i> ,	§	Chapter 11 (Subchapter V)
	§	
Debtors ¹	§	Jointly Administered

EXHIBIT C-4

¹ The Debtors in these chapter 11 cases along with the last four digits of each Debtor's federal tax identification number are as follows: InfoW, LLC f/k/a Infowars, LLC (6916). IWHealth, LLC f/k/a Infowars Health, LLC (no EIN), Prison Planet TV, LLC (0005). The address for service to the Debtors is PO Box 1819, Houston, TX 77251-1819.

00008280166

Filing Number: 800898466

980701 12-02-09
TX2010
Ver. 1.005-102
(9-09/29)

Tcode 13196

TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT
To be filed by Corporations, Limited Liability Companies (LLCS) and Financial Institutions

This report MUST be signed and filed to satisfy franchise tax requirements

Taxpayer number

32034159395

Report year

2010

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at: (512) 463-4600, or (800) 252-1381, toll free nationwide.

Taxpayer name

INFOWARS, LLC

Mailing address

P.O. BOX 19549

City

AUSTIN

State

TX

ZIP Code

78760

Plus 4

9549

Secretary of State file number or
Comptroller file number

0800898466

☐ Check box if there are currently no changes from previous year; If no information is displayed, complete the applicable information in Sections A, B and C.

Principal office

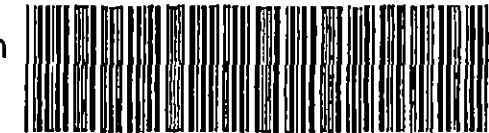
910 WEST MARY STREET, AUSTIN, TX 78704

Principal place of business

910 WEST MARY STREET, AUSTIN, TX 78704

Please sign below!

Officer, director and member information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or members change throughout the year.



3203415939510

SECTION A Name, title and mailing address of each officer, director or member.

Name

ALEX JONES

Title

MANAGER

Director

☐ YESTerm
expiration

m m d d y y

Mailing address

P.O. BOX 19549

City

AUSTIN

Director

☐ YESTerm
expiration

m m d d y y

Mailing address

City

Name

Title

Director

☐ YESTerm
expiration

m m d d y y

Mailing address

City

State

ZIP Code

SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of ten percent (10%) or more.

Name of owned (subsidiary) corporation or limited liability company

State of formation

Texas SOS file number, if any

Percentage of Ownership

Name of owned (subsidiary) corporation or limited liability company

State of formation

Texas SOS file number, if any

Percentage of Ownership

SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of ten percent (10%) or more in this entity or limited liability company.

Name of owned (parent) corporation or limited liability company

State of formation

Texas SOS file number, if any

Percentage of Ownership

Registered agent and registered office currently on file. (See instructions if you need to make changes)

Agent: ELIZABETH M. SCHURIG

☐Check box if you need forms to change
the registered agent or registered office information.

Office: 100 CONGRESS AVE., 22ND FLOOR

City

AUSTIN

State

TX

ZIP Code

78701

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I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or member and who is not currently employed by this, or a related, corporation or limited liability company.

sign
here

Title

Member

Date

11/24/2010

Area code and phone number

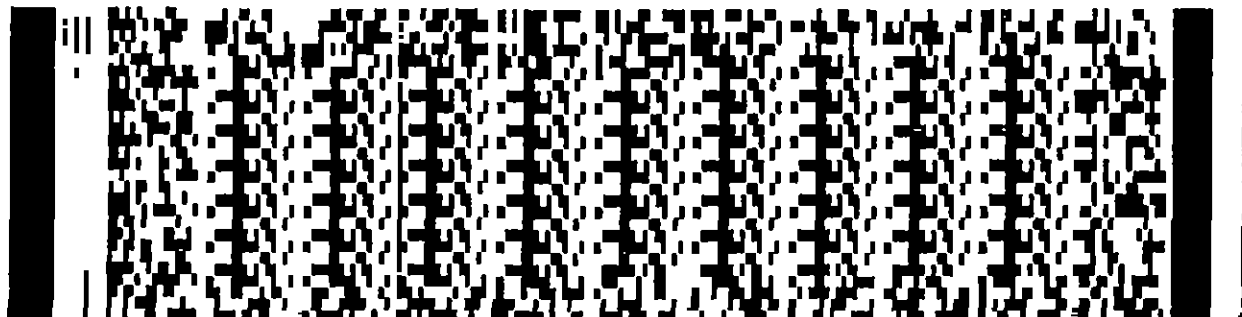
512 646 4408

Texas Comptroller Official Use Only

VE/DE

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PIR IND

☐

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
VICTORIA DIVISION

IN RE:	§	Case No. 22-60020
	§	
INFOW, LLC, <i>et al.</i> ,	§	Chapter 11 (Subchapter V)
	§	
Debtors ¹	§	Jointly Administered

EXHIBIT C-5

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